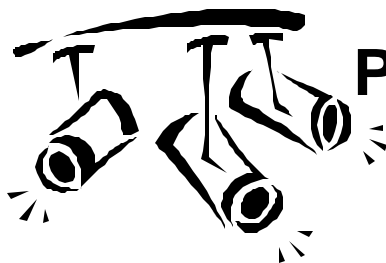


# HEAD LINES

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## Provider Spotlight CCS-Kentucky

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CCS-Kentucky in Paducah has been in operation for seven months now. They have four residences in a beautiful neighborhood among single family homes. They provide neurorehabilitation as well as supported living programming. CCS-Kentucky also provides proactive neurobehavioral treatment for persons who are experiencing significantly challenging behavioral issues as a result of an acquired brain injury.

CCS- Kentucky opened the first of four houses, Barkley House, on April 3, 2002. Cumberland House opened shortly thereafter on May 5, followed by Grayson House on July 8. Each of these houses serves as staffed residences, serving three participants each. They opened a fourth residence, Kincaid House, on October 29. In each residence, the supervision, support, and assistance varies in order to offer a continuum of residential services.

*continued on next page*

## New Providers/Additional Services

### **Acappella** *Frankfort*

New provider: Behavior Programming, Counseling, Respite, Structured Day, Residential

### **Louisville Independent Case Management** *Louisville*

Adding Counseling to existing services

### **Cardinal Hill of Northern Kentucky** *Covington*

Respite, Counseling, Structured Day, Occupational Therapy, Speech Therapy

## CCS-Kentucky, continued



While CCS-Kentucky offers occupational and speech/cognitive therapies, behavioral programming, and counseling, they also offer structured day programming and community residential services. They have full-time clinicians with experience working with persons with ABI. The CCS team practices a transdisciplinary approach to treatment in real life community and residential settings. The 24-hour life skills therapy staff are trained specifically to use every moment as an opportunity for furthering the accomplishments of the individual. CCS-Kentucky also has a registered nurse providing and coordinating medical services. When physical therapy needs are identified, this service is also provided. A local psychiatrist has an initial visit with each person and works closely with CCS-Kentucky, should any medical needs arise during an individual's stay.

CCS-Kentucky believes in "dignity of risk" which allows individuals the freedom to make choices, with minimal compromise to their safety, and provides empowering

support when they may not make the best choices available to them, turning the experience into a learning opportunity to make better choices in the future. Services are designed to maximize an individual's strengths and encourage emotional confidence.

CCS-Kentucky's philosophy is that individuals with a brain injury are best served in an environment that provides empowering, positive learning opportunities for growth and increased autonomy. The rehabilitation team focuses on individualized compensatory strategies practiced within functional settings. These settings vary from the residence to volunteer community placements with the team providing coaching, teaching, and support as needed. This supports individuals to return to their home communities with the highest level of independence possible and greatest quality of life available to them.

Terri Traugher, M.S., CCC/SLP  
Program Director, CCS-Kentucky

*Questions or referrals should be directed to Peggy Igleheart, MSW, CCM- Clinical Evaluator/Coordinator at 270-444-0466.*



Barkley House and Cumberland House

### **We want to spotlight all of our providers!**

If you are interested in submitting an article for publication, please contact Susan Tatum.

*Please note that, due to HIPAA regulations, we can no longer include any articles that could identify a client, even with the use of fictitious names.*

## Friendly Reminders for Case Managers

The following are helpful hints and/or reminders to help ensure uninterrupted services to ABI Medicaid Waiver recipients:

- Provide information to all providers serving the recipient to include:
  - All pages of the MAP4097 (Plan of Care)
  - Crisis Prevention Plan
  - Transition Plan
  - MAP351A
  - Any other assessments available
- Begin recertification process with the PRO 21 days in advance
- Face-to-face visits should occur every 14 days

## Opportunities for Family Leadership

The Department for Mental Health and Mental Retardation Services within the Cabinet for Health Services values the participation of families throughout our system of care. Our goal is to ensure that the family voice is included in every stage of planning, implementation and evaluation of services for the special populations we serve. Whether it's brain injury, mental illness, emotional disabilities, or mental retardation, we strive to ensure that every family member has the opportunity to offer his or her leadership throughout the Commonwealth.

Opportunities for Family Leadership (OFL) was created within the Division of Mental Health in 1992. A family-led and family-driven program, OFL expanded in 2001 to include brain injury and mental retardation. OFL is available for families to provide:

**Technical Assistance:** The Program Administrator for OFL is both a consumer and parent of a person who has received mental health services. This unique perspective allows OFL to provide technical assistance and support to other family members and providers. The family perspective is the driving force behind all consultation activities.

**Resource Directory:** The OFL Resource Directory provides information on local parent support groups, state and national organizations, websites, legislation, family resource centers, and much more. The Resource Directory is available at no charge and is also on the website: <http://dmhmrs.chr.state.ky.us/mh/family/>.

**Training:** OFL offers various levels of training for both parents and professionals in advocacy, communication, collaboration, mediation, support group development, and school law.

**Support Group Grants:** OFL offers small grants to help support family/caregiver support groups. Requests for proposals for the grants are disseminated yearly. Workshops are listed on the website.

**Parent Resource Line:** OFL offers a resource line for parents and caregivers. The resource line connects families with the OFL program, which is a first step for accessing education, resources, and support. The toll-free number for the resource line is (800) 374-9146.

*For more information, please contact Deborah Anderson at (502) 564-4527 or (800) 374-9146 if you are a consumer or family member.*

## Substance Abuse & Brain Injury

*Used with permission by Toronto Acquired Brain Injury Network*

The links between Brain Injury and Substance Abuse are well documented, yet people with this complex, co-occurring condition face formidable, often insurmountable barriers in obtaining appropriate care because:

- Substance Abuse providers aren't trained to identify or manage the cognitive and behavioral problems that clients with Brain Injuries present.
- Brain Injury providers aren't trained to identify or manage Substance Abuse problems.

As a result, clients with this co-occurring condition often fall between the cracks. Their cases may be misunderstood, their treatment inadequate and their recovery jeopardized.

**"My fantasy? That providers from both fields pick up their phones and say to each other 'can you help me?'"** - Dennis James, Clinical Director Centre for Addiction and Mental Health, Toronto/ Principal and Chair/ Ontario Neurotrauma Foundation Project.

### Substance Abuse and Brain Injury often go hand in hand

- Approximately one-third of (traumatic) Brain Injury survivors have a history of substance abuse prior to their injury.
- Alcohol or other drugs are directly involved in more than one-third of incidents that cause Brain Injury.
- Twenty percent of people who do not have a Substance Abuse problem become vulnerable to Substance Abuse after a Brain Injury.

### Brain Injury and Substance Abuse can be a dangerous mix

- Alcohol and drugs are neurotoxins that negatively affect recovery after a Brain Injury by interfering with the ability of nerve endings to reconnect.
- Alcohol and drugs have a more intense effect after a Brain Injury.
- Substance Abuse can increase cognitive impairment, depression, seizures and disinhibition; and can cause problems with balance, walking, and talking.
- Substances interact with prescribed medication.
- Substance Abuse can lead to another Brain Injury.
- Each subsequent Brain Injury requires less force to do more damage.

### Symptoms that may be common to both Brain Injury and Substance Abuse

- |   |                                  |
|---|----------------------------------|
| -short-term memory loss                           | -diminished judgement            |
| -impaired thinking                                | -fatigue                         |
| -difficulty with balance and coordination         | -depression                      |
| -impulsivity                                      | -sleep problems                  |
| -mood disturbances (diminished emotional control) | -decreased frustration tolerance |
| -personality changes                              |                                  |

### Signs that your client might be using:

- |  |  |
|--|--|
| -deterioration in functioning                      | -missed appointments                               |
| -increased irritability and agitation              | -physical evidence of alcohol: smell/red eyes      |
| -decreased self-care/change in physical appearance | -physical evidence of street drugs: dilated pupils |
| -increased erratic behavior                        |  |

**Red flags: indicators that increase risk of use**

- prior history of Substance Abuse
- Social isolation (estrangement from friends, family, and co-workers)
- strained family/marital relations and lack of support
- boredom (not working, no activities)
- difficulty in adjusting to changed circumstances (client may be angry, depressed, anxious)
- self-medicating to feel “normal” (to deal with chronic pain, grief, and sense of loss)

**Progression of Substance Use**

Substance Use often proceeds through the following five stages:

- 1) Use: social or recreational
- 2) Misuse: occasional bouts of problematic use
- 3) Abuse: repeated occasions of misuse
- 4) Dependency: using as a coping strategy
- 5) Addition: physiological dependence on the substance leading to withdrawal if use is discontinued.

**What Brain Injury providers can do about Substance Abuse**

- Educate client and family about the risks of clients with Brain Injuries using substances
- Engage family/social network in actively supporting the client to address the issue
- Take a history of client’s prior and current use. Be specific--ask, “What’s the most you’ve used? The least?”
- Ask client about his/her family history of Substance Use.
- Ask what effect use is having on client’s life (social, family, job, legal).
- Use CAGE Questionnaire (p. 19 of document) and Weighing the Pros and Cons of Use (p. 20 of document\*) to engage client with the issue.
- Gain an understanding of the Model for Change (p. 22 of document\*). It may help you move your client through the stages.
- Assess stressors and risk factors that might cause client to begin using (isolation, boredom, depression, job loss, etc.).
- Help client find meaningful substance-free activities.
- Provide support for behavioral changes before, during, and after the Substance Abuse program to build motivation and reinforce new behaviors.
- Establish ongoing contact with professionals in Substance Abuse programs to exchange information and make sure the Substance Abuse program is meeting the client’s learning needs.

\*To obtain a full-copy of the publication “Brain Injury and Substance Abuse: The Cross-Training Advantage,” visit the Toronto Acquired Brain Injury Network’s web-site at:  
<http://www.abinetwork.ca/publications.htm>

## TRAINING

**PROFESSIONAL SEMINAR SERIES**

The following continuing education opportunities will be held at the Frazier Rehab Center in Louisville from 4:30-6:00 p.m. Wednesdays, 4<sup>th</sup> Floor Activity Room. For more information call (502) 582-7484.

- Nov 13 Things to Do, Things to Avoid After a Brain Injury
- Dec 4 Rancho Los Amigos Level of Recovery Scale
- Dec 11 A Discussion with a Brain Injury Survivor
- Dec 18 Myths & Misconceptions About Brain Injury
- Jan 8 Brain Injury Association of Kentucky
- Jan 15 Sexuality & Brain Injured Individuals
- Jan 22 Swallowing Disorders and Treatment
- Jan 29 Relapse Prevention After Brain Injury

**NEUROPHARMACOLOGY OF BRAIN INJURY**

William Kraft, Ph.D., Karen Bloom, M.D.  
Tuesday, November 12, 2002 - 3:30-5:00pm  
Frazier Rehab Institute- 5th floor Boardroom

**BASIC TRAINING**

The following trainings will be held tentatively at the Elizabethtown Tourism and Convention Center. *Please contact BIAK at (502) 493-0609 to register or for more information.* Location and dates are subject to change. Trainings are held from 8:30am-5:00pm.

- November 20-21, 2002
- No training in December
- Contact BIAK for January dates

**ABI CASE MANAGEMENT TRAINING**

Please contact Alice Blackwell at (502) 564-3615 for more information and to sign-up for training.



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